



State of New Hampshire

2007 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2007

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 07/05/2007

Business ID: 23587

William M. Gardner

Secretary of State

YANKEE PUBLISHING INCORPORATED

1121 MAIN ST
DUBLIN, NH 03444

ADDRESS OF PRINCIPAL OFFICE:

1121 MAIN ST
DUBLIN, NH 03444

REGISTERED AGENT AND OFFICE:

JAMES TROWBRIDGE
MAIN ST , PO BOX 520
DUBLIN, NH 03444

ENTITY TYPE: CORPORATION

BUSINESS ID: 23587

STATE OF DOMICILE: NEW HAMPSHIRE

MAGAZINE PUBLISHING (1997 AR)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address **P.O. Box 520, Dublin, NH 03444**

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **James Trowbridge**
STREET **29 Cornish Road**
CITY/STATE/ZIP **Peterborough Nh 03458**

TREAS. **Linda Anne Snow**

STREET **52 Loop Road**

CITY/STATE/ZIP **Concord NH 03301**

V-PRES. **John Burnham Pierce**

STREET **232 Brush Brook Road**

CITY/STATE/ZIP **Dublin Nh 03444**

NAME

STREET

CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Judson D. Hale Sr**

STREET **520 Main Street**

CITY/STATE/ZIP **Dublin Nh 03444**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Linda Anne Snow**

Please print name and title of signer: **Linda Anne Snow**

NAME

/ **TREASURER**

TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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